



Personnel / Payroll Action Form

State Form 45123(R/2-04)

Personal Data

Employee ID		Employee Name: (Last,First,Middle Initial)		Effective Date of Action	
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	Zip code:
Education Level:		Gender: <input type="radio"/> Male <input type="radio"/> Female	Marital Status:		Marital Status Date:
Date of Birth:	Date of Death	Telephone:		Ethnic Group:	Social Security Number:

Job Data

Effective Date:		Effective Date Seq No:		Action Code:		Reason Code:	
Position Number:	Location:	Department:	<input type="radio"/> Regular <input type="radio"/> Intermittent	Employee Class: <input type="radio"/> Appointed <input type="radio"/> Elected <input type="radio"/> Intermittent <input type="radio"/> Judicial <input type="radio"/> Legislative <input type="radio"/> Non-Merit <input type="radio"/> Sum Intern <input type="radio"/> Temporary		Standard Hours: <input type="radio"/> 37.5 <input type="radio"/> Other	
Business Unit:		Job Code:	<input type="radio"/> Temporary				
Position Title:		Working leader: <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Full Time <input type="radio"/> Part Time	<input type="radio"/> Original WT <input type="radio"/> Perm Stat <input type="radio"/> Promo WT <input type="radio"/> Xorig WT <input type="radio"/> Xpromo WT			
Company: <input type="radio"/> SOI <input type="radio"/> BMVC	Employee Type: <input type="radio"/> Exception Hourly <input type="radio"/> Salary <input type="radio"/> Hourly	Tax Location 999 Holiday Sched SOI		Salary Plan: Grade: Step:		Compensation Frequency: <input type="radio"/> Bi-Weekly <input type="radio"/> Hourly	Change Amount \$ _____ per _____ or Change Percent: _____ %
Pay Group:						Compensation Rate: \$ _____	

Benefit Program Participation Data

BAS Group ID:	Benefit Program:	Elig Config 1:	Effective Date of Benefit Program:
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Job Labor

Union Code:	Union Seniority Date:
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Employment Data

Company Seniority Date:	Service Date:	Date Last Worked:	LOA Expected return Date	Permanent Status Due Date: Probation Date
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Emergency Contact Data

Primary Emergency Contact (Last, First, Middle Initial)		Relationship:	Contact: Home: () Telephone: Business: ()		
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	Zip Code:
Secondary Emergency Contact (Last, First, Middle Initial)		Relationship:	Contact: Home: () Telephone: Business: ()		
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	Zip Code:

Employee's Signature:	_____	Date:	_____
Signature of Appointing Authority:	_____	Date:	_____
Signature of SPD Director:	_____	Date:	_____

Comments: